## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 453365** 

Entity Name: GRAPHITE MAINTENANCE, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

380 N PRAIRIE IND PKWY/MULBRY, FL/33830 380 N. PRAIRIE INDUSTRIAL PARKWAY

P.O. BOX 1100 MULBERRY, FL 33860 U BARTOW, FL 33860 US

Current Mailing Address: New Mailing Address:

380 N PRAIRIE IND PKWY/MULBRY, FL/33830 P.O. BOX 1100

P.O. BOX 1100 BARTOW, FL 338311100 US BARTOW, FL 33860 US

FEI Number: 59-1542111 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLEMENTS, DENNIS N.

1665 KISSINGEN AVENUE
BARTOW, FL 33830 US

CLEMENTS, DENNIS N.

1665 KISSENGEN AVENUE
BARTOW, FL 33830 US

BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/16/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT ( ) Delete Title: VPT (X) Change ( ) Addition Name: CLEMENTS, DENNIS N, Name: CLEMENTS, DENNIS N,

 Address:
 1665 KISSINGEN AVE
 Address:
 1665 KISSENGEN AVE

 City-St-Zip:
 BARTOW, FL
 City-St-Zip:
 BARTOW, FL
 33830

Title: PS () Delete Title: PS (X) Change () Addition Name: CLEMENTS, JUSTIN D., Name: CLEMENTS, JUSTIN D.,

Address: 1665 KISSINGEN AVENUE Address: 1665 KISSENGEN AVENUE City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN D. CLEMENTS PRES 01/16/2008